I

107TH CONGRESS
1ST SESSION

H. R. 504

To amend part D of title III of the Public Health Service Act to provide grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 7, 2001

Mr. GREEN of Texas (for himself, Ms. PELOSI, Mr. DEUTSCH, Mr. NADLER, Mr. FILNER, Mr. FROST, Mr. JEFFERSON, Mr. HINCHEY, Mr. COYNE, Mrs. MEEK of Florida, Mr. STARK, Mr. RODRIGUEZ, Mr. BASS, Mr. BENTSEN, Mr. CAPUANO, Mr. BARRETT, Mr. REYES, Mrs. CHRISTENSEN, Mr. STENHOLM, Ms. DEGETTE, Mr. KLECZKA, Mrs. JONES of Ohio, Mrs. MORELLA, Mr. ABERCROMBIE, Mr. FORD, Ms. MCCARTHY of Missouri, Mr. CLYBURN, Mr. RUSH, Ms. BALDWIN, Mr. MCDERMOTT, Mr. LANTOS, Mr. WEXLER, Mr. BLAGOJEVICH, Mr. UDALL of New Mexico, Mr. PASTOR, and Mr. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

A BILL

To amend part D of title III of the Public Health Service Act to provide grants to strengthen the effectiveness, efficiency, and coordination of services for the uninsured and underinsured.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Community Access to Health Care Act of 2001''.

SEC. 2. PURPOSE.

The purpose of this Act is to provide assistance to communities and to consortia of health care providers and others, including those in rural areas and including American Indian and Alaska Native entities, in order to develop or strengthen integrated health care delivery systems that coordinate health services for individuals who are uninsured and individuals who are underinsured, through—

(1) coordination of services to allow such individuals to receive efficient and higher quality care and to gain entry into a comprehensive system of care;

(2) development of the infrastructure for a health care delivery system characterized by effective collaboration, information sharing, and clinical and financial coordination among all providers of care in the community; and

(3) provision of new Federal resources that do not supplant funding for existing Federal categorical programs that support entities providing services to low-income populations.

SEC. 3. CREATION OF COMMUNITY ACCESS PROGRAM.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after subpart IV the following new subpart:

''Subpart V—Community Access Program

''SEC. 340. GRANTS TO STRENGTHEN THE EFFECTIVENESS, EFFICIENCY, AND COORDINATION OF SERVICES FOR THE UNINSURED AND UNDERINSURED.

''(a) IN GENERAL.—The Secretary may make grants for the purpose of assisting the development of integrated health care delivery systems—

''(1) to serve communities of individuals who are uninsured and individuals who are underinsured;

''(2) to expand the scope of services provided; and

''(3) to improve the efficiency and coordination among the providers of such services.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity must—

''(1) be a public or nonprofit private entity such as—

''(A) a Federally qualified health center (as defined under section 1861(aa)(4) of the Social Security Act);

''(B) a hospital that meets the requirements of section 340B(a)(4)(L) (or, if none are available in the area, a hospital that is a provider of a substantial volume of non-emergency health services to uninsured individuals and families without regard to their ability to pay) without regard to 340B (a)(4)(L)(iii); or

''(C) a public health department; and

''(2) represent a consortium of providers and, as appropriate, related agencies or entities—

''(A) whose principal purpose is to provide a broad range of coordinated health care services for a community defined in the entity's grant application (which may be a special population group such as migrant and seasonal farm workers, homeless persons or individuals with disabilities);

''(B) that includes all health care providers that serve the community and that have traditionally provided care (beyond emergency services) to uninsured and underinsured individuals without regard to the individuals' ability to pay (if there are any such providers) unless any such provider or providers declines to participate; and

''(C) that may include other health care providers and related agencies and organizations;

except that preference shall be given to applicants that are health care providers identified in paragraph (1).

''(c) APPLICATIONS.—To be eligible to receive a grant under this section, an eligible entity shall submit to the Secretary an application, in such form and manner as the Secretary shall prescribe, that shall—

''(1) define a community of uninsured and underinsured individuals that consists of all such individuals—

''(A) in a specified geographical area; or

''(B) in a specified population within such an area;

''(2) identify the providers who will participate in the consortium's program under the grant, and specify each one's contribution to the care of uninsured and underinsured individuals in the community, including the volume of care it provides to medicare and medicaid beneficiaries and to privately paid patients;

''(3) describe the activities that the applicant and the consortium propose to perform under the grant to further the purposes of this section;

''(4) demonstrate the consortium's ability to build on the current system for serving uninsured and underinsured individuals by involving providers who have traditionally provided a significant volume of care for that community;

''(5) demonstrate the consortium's ability to develop coordinated systems of care that either directly provide or ensure the prompt provision of a broad range of high-quality, accessible services, including, as appropriate, primary, secondary, and tertiary services, as well as substance abuse treatment and mental health services in a manner which assures continuity of care in the community;

''(6) provide evidence of community involvement in the development, implementation, and direction of the program that it proposes to operate;

''(7) demonstrate the consortium's ability to ensure that individuals participating in the program are enrolled in public insurance programs for which they are eligible;

''(8) present a plan for leveraging other sources of revenue, which may include State and local sources and private grant funds, and integrating current and proposed new funding sources in a way to assure long-term sustainability;

''(9) describe a plan for evaluation of the activities carried out under the grant, including measurement of progress toward the goals and objectives of the program;

''(10) demonstrate fiscal responsibility through the use of appropriate accounting procedures and appropriate management systems;

''(11) include such other information as the Secretary may prescribe; and

''(12) demonstrate the commitment to serve the community without regard to the ability of the individual or family to pay by arranging for or providing free or reduced charge care for the poor.

''(d) PRIORITIES.—In awarding grants under this section, the Secretary may accord priority to applicants—

''(1) whose consortium includes public hospitals, Federally qualified health centers (as defined in section 1905(l)(2)(B) of the Social Security Act), and other providers that are covered entities as defined by section 340B(a)(4) of this Act (or that would be covered entities as so defined but for subparagraph (L)(iii) of such section);

''(2) that identify a community whose geographical area has a high or increasing percentage of individuals who are uninsured;

''(3) whose consortium includes other health care providers that have a tradition of serving uninsured individuals and underinsured individuals in the community;

''(4) who show evidence that the program would expand utilization of preventive and primary care services for uninsured and underinsured individuals and families in the community, including mental health services or substance abuse services;

''(5) whose proposed program would improve coordination between health care providers and appropriate social service providers, including local and regional human services agencies, school systems, and agencies on aging;

''(6) that demonstrate collaboration with State and local governments;

''(7) that make use of non-Federal contributions to the greatest extent possible; or

''(8) that demonstrate a likelihood that the proposed program will continue after support under this section ceases.

''(e) USE OF FUNDS.—

''(1) USE BY GRANTEES.—

''(A) IN GENERAL.—Except as provided in paragraphs (2) and (3), a grantee may use amounts provided under this section only for—

''(i) direct expenses associated with planning, developing, and operating the greater integration of a health care delivery system so that it either directly provides or ensures the provision of a broad range of services, as appropriate, including primary, secondary, and tertiary services, as well as substance abuse treatment and mental health services; and

''(ii) direct patient care and service expansions to fill identified or documented gaps within an integrated delivery system.

''(B) SPECIFIC USES.—The following are examples of purposes for which a grantee may use grant funds, when such use meets the conditions stated in subparagraph (A):

''(i) Increase in outreach activities.

''(ii) Improvements to case management.

''(iii) Improvements to coordination of transportation to health care facilities.

''(iv) Development of provider networks.

''(v) Recruitment, training, and compensation of necessary personnel.

''(vi) Acquisition of technology.

''(vii) Identifying and closing gaps in services being provided.

''(viii) Improvements to provider communication, including implementation of shared information systems or shared clinical systems.

''(ix) Other activities that may be appropriate to a community that would increase access to the uninsured.

''(2) DIRECT PATIENT CARE LIMITATION.—No more than 15 percent of the funds provided under a grant may be used for providing direct patient care and services.

''(3) RESERVATION OF FUNDS FOR NATIONAL PROGRAM PURPOSES.—The Secretary may use not more than 3 percent of funds appropriated to carry out this section for technical assistance to grantees, obtaining assistance of experts and consultants, meetings, dissemination of information, evaluation,

and activities that will extend the benefits of funded programs to communities other than the one funded.

''(f) MAINTENANCE OF EFFORT.—With respect to activities for which a grant under this section is authorized, the Secretary may award such a grant only if the recipient of the grant and each of the participating providers agree that each one will maintain its expenditures of non-Federal funds for such activities at a level that is not less than the level of such expenditures during the year immediately preceding the fiscal year for which the applicant is applying to receive such grant.

''(g) REPORTS TO THE SECRETARY.—The recipient of a grant under this section shall report to the Secretary annually regarding—

''(1) progress in meeting the goals stated in its grant application; and

''(2) such additional information as the Secretary may require.

The Secretary may not renew an annual grant under this section unless the Secretary is satisfied that the consortium has made reasonable and demonstrable progress in meeting the goals set forth in its grant application for the preceding year.

''(h) AUDITS.—Each entity which receives a grant under this section shall provide for an independent annual

financial audit of all records that relate to the disposition of funds received through this grant.

''(i) TECHNICAL ASSISTANCE.—The Secretary may, either directly or by grant or contract, provide any funded entity with technical and other non-financial assistance necessary to meet the requirements of this section.

''(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $250,000,000 in fiscal year 2002 and such sums as may be necessary for each of fiscal years 2003 through 2006.''.

○